



Invoice

Morton Motor Express

P.O. BOX 349, Clemmons, NC 27012

Phone: 336-235-3960

Web: mortonexpress.com

Equipment	Ship Date	Bill-to Code	Bill Date	Due Date	Invoice Number
53136	3/19/2024	VER68210108	3/19/2024	4/18/2024	00500379

Bill to: VERATEX INC
P.O. BOX 682
New York, NY 10108

Ref Type	Ref Number
BOL	31824-500
Seal Number	34

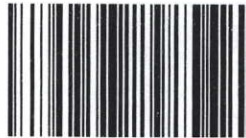
Shipper: CHERRYVILLE PUBLIC WAREHOUSE
600 W ACADEMY ST
Cherryville, NC 28021

Consignee CREATIVE DYE & FINISHING LLC
2035 KINGSLEY DR
Albemarle, NC 28001

Pallets	Pieces	Description	Quantity	Rate	Charges
1		FABRIC	460.00		
		Deficit Weight	40.00		
		Minimum Charge			\$89.17
		Fuel Surcharge	89.17	0.3110	\$27.73
1			460.00		\$116.90 PPD

Please Remit Payment to:
Morton Motor Express
P.O. BOX 349
Clemmons, NC 27012

** Invoices not paid by due date are subject to late fees
and administrative costs for collections. **



INV00500379

Date: 03/18/2024		BILL OF LADING		Page <u>1</u>	
SHIP FROM Name: Cherryville Public Warehouse, Inc. Address: 600 WEST ACADEMY STREET City/State/Zip: CHERRYVILLE NC SID#: A/C VERATEX, INC FOB: <input type="checkbox"/>			Bill of Lading Number: 31824-500 <div style="text-align: center;">BAR CODE SPACE</div>		
SHIP TO Name: Creative Dyeing & Finishing Location #: _____ Address: 2035 KINGSLEY DRIVE City/State/Zip: ALBERMARLE, NC 28001 CID#: _____ FOB: <input type="checkbox"/>			CARRIER NAME: MORTON Trail: _____ Seal: _____ SCA: _____ Pro: _____ <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PIECES <input type="checkbox"/> SKIDS <input type="checkbox"/> DRUMS <input type="checkbox"/> ROLLS <input type="checkbox"/> BUNDLES <input type="checkbox"/> REELS <input type="checkbox"/> MIXED </div> <div> <input type="checkbox"/> ON FLOOR <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> 4'X4' <input type="checkbox"/> SHIPMENT EXCEEDS 12 FEET OF TRAILER <input type="checkbox"/> MORTON MOTOR EXPRESS LABEL </div> <div> # OF PIECES _____ <input type="checkbox"/> FLAT TOP <input type="checkbox"/> PYRAMID TOP <input type="checkbox"/> STRETCH WRAPPED <input type="checkbox"/> BANDED </div> </div>		
THIRD PARTY FREIGHT CHARGES BILL TO: Name: VERATEX, INC. Address: PO BOX 682 City/State/Zip: NEW YORK, NY 10108			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3 rd Party <input checked="" type="checkbox"/>		
SPECIAL INSTRUCTIONS:			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
ORDER#20276		2	1032	<input checked="" type="checkbox"/> N	YARDS
				<input type="checkbox"/> Y	
				<input type="checkbox"/> Y	
				<input checked="" type="checkbox"/> N	
				<input type="checkbox"/> Y	
GRAND TOTAL		2	1032		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)
1	Pallets	2	ROLLS	460	
ROLLS OF FABRIC					
RECEIVING					
STAMP SPACE					
1		2		460	
GRAND TOTAL					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. §14706(c)(1)(A) and (B).					
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by this carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> City: <u>Bowling</u> 03-19-24 <small>Property described above is received in good order, except as noted.</small>					

MORTON Delivery Receipt

Morton Motor Express
P.O. BOX 349, Clemmons, NC 27012
Phone: 336-235-3960 Fax:
Web: mortonexpress.com

Equipment 53136	Ship Date 3/18/2024	Bill-to Code VER68210108	Bill Date	Pro Number 00500379			
Consignee: CREATIVE DYE & FINISHING LLC 2035 KINGSLEY DR Albemarle, NC 28001		Ref Type Seal Number	Ref Number 34				
Shipper: CHERRYVILLE PUBLIC WAREHOUSE 600 W ACADEMY ST Cherryville, NC 28021 3/18/2024 03:30 PM		Bill to: VERATEX INC P.O. BOX 682 New York, NY 10108					
HM	Pallets	Pieces	Description	Quantity	Rate	Charges	Shipment
	1		FABRIC	460.00			
	1	0		460.00	Total:		PPD

Order Task	Instruction
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Deliver Load

Received in good order unless otherwise noted by:

Name: Wayne Lowder Date: 3-20-24

Signature: Wayne Lowder PCS: 1



DR00500379